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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/547,220 04/11/2000 ABN which claims benefit of 60/129,131 04/13/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/30/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature _____ Initials _____	STATE OR COUNTRY CT	SHEETS DRAWING 17	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
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ADDRESS

20583

TITLE

METHODS FOR TREATMENT OF NEURODEGENERATIVE CONDITIONS BY PERIPHERALLY
ADMINISTERED ERYTHROPOIETIN

FILING FEE RECEIVED 1010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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